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429.401: Introduction

130 CMR 429.000 establishes requirements for participation of mental health centers in MassHealth and governs mental health centers operated by freestanding clinics, and satellite facilities of clinics, and identifiable units of clinics. All mental health centers participating in MassHealth must comply with the MassHealth regulations, including but not limited to MassHealth regulations set forth in, 130 CMR 429.000: Mental Health Center Services, and 130 CMR 450.000: Administrative and Billing Regulations.

429.402: ~~—~~ Definitions

The following terms used in 130 CMR 429.000 have the meanings given in 130 CMR 429.402 unless the context clearly requires a different meaning.

Adverse Incident ~~—~~ an occurrence that represents actual or potential serious harm to the well-being of a member, or to others under the care of the mental health center. Adverse incidents may be the result of the actions of a member served, actions of a staff member providing services, or incidents that compromise the health, safety, or operations of the center.

After Hours Telephone Service ~~—~~ telephone coverage during the hours when the center is closed for members who are in a crisis state.

Autonomous Satellite Program ~~—~~ a mental health center program operated by a satellite facility with sufficient staff and services to substantially assume its own clinical management independent of the parent center.

Behavioral Health Disorder – any disorder pertaining to mental health or substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Behavioral Health Urgent Care Provider – a center that meets the requirements set forth in 130 CMR 429.405(D).

Case Consultation ~~—~~ ~~environmental~~ intervention ~~for, including scheduled audio-only telephonic, audio-video, or in person meetings, for behavioral and~~ medical management purposes on a ~~psychiatric patient's~~ member's behalf with agencies, employers, or institutions which may include the preparation of reports of the ~~patient's~~ member's psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.

Certified Peer Specialist (CPS) – a person who has been trained by an agency approved by the Department of Mental Health (DMH) who is a self-identified person with lived experience of a mental health disorder and wellness that can effectively share their experiences and serve as a mentor, advocate, or facilitator for a member experiencing a mental health disorder.

Child and Adolescent Needs and Strengths (CANS) ~~—~~ a tool that provides a standardized way to organize information gathered during behavioral-health clinical assessments. A Massachusetts version of the tool has been developed and is intended to be used as a treatment decision support tool for behavioral-health providers serving MassHealth members under the age of 21.

Communication Protocol – formal descriptions of requirements that allow two or more

providers to exchange information.

Core Discipline —~~one~~ any of the following disciplines: psychiatry, social work, psychology, or psychiatric nursing (including a psychiatric clinical nurse specialist), ~~most or all of which are represented by the professionals qualified in these disciplines who~~ comprise a mental health center's ~~core team~~ multidisciplinary staff.

Core Team —~~a group of three or more mental health professionals that must include a psychiatrist and one each of at least two of the following professionals: a licensed psychologist, independently licensed clinical social worker, psychiatric clinical nurse specialist, or psychiatric nurse. The members of this group collaborate in developing a diagnostic evaluation and treatment plan for the patient, utilizing their particular skills, competencies, and perspectives.~~

Couple Therapy —psychotherapeutic services provided to a couple whose primary complaint is the disruption of their marriage, family, or relationship.

Crisis Intervention – an urgent evaluation including assessment of risk, diagnosis, short-term intervention and rendering of a disposition for a member's presenting crisis, which may include referral to an existing or new behavioral health provider.

Dependent Satellite Program —~~a mental health center program in a satellite facility that is under the direct clinical management of the parent center.~~

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Diagnostic ~~Evaluation~~ Services — the examination and determination of a ~~patient's~~member's physical, psychological, social, economic, educational, and vocational assets and disabilities for the purpose of designing a treatment plan.

Direct and Continuous Supervision – supervision provided at a frequency no less than the number of hours required to obtain professional licensure as defined by the supervisee's licensing body, or, at minimum, one hour of supervision per week until independent licensure has been obtained. For supervisees in a profession without licensure, a minimum of one hour of supervision per week. Supervision must be delivered by an independently licensed staff member who is employed by the center.

Enhanced Structured Outpatient Addiction Program (E-SOAP) – American Society of Addiction Medicine (ASAM) Level Intensive Outpatient Services - a program that provides short-term, clinically intensive, structured day and/or evening SUD services. E-SOAP specifically serves specialty populations including: homeless individuals and people at risk of homelessness, pregnant individuals, and adolescents. E-SOAP services must meet requirements as set forth in 130 CMR 418.000: Substance Use Disorder Treatment Services.

Family Consultation — a scheduled meeting of at least one-half-hour with one or more of the parents, legal guardian, or foster parents of a child who is being treated by clinical staff at the center, when the parents, legal guardian, or foster parents are not clients of the center.

Family Therapy — the psychotherapeutic treatment of more than one member of a family simultaneously in the same ~~session~~visit.

Freestanding Clinic — any institution licensed as a clinic by the Massachusetts Department of Public Health pursuant to M.G.L. c. 111, s. 51, that is not part of a hospital and that possesses its own legal identity, maintains its own patient records, and administers its own budget and personnel. Such institutions include mental health centers and community health centers.

Group Therapy — the application of psychotherapeutic or counseling techniques to a group of persons, most of whom are not related by blood, marriage, or legal guardianship.

Home Visits — ~~services provided in the residence of a member such as~~ crisis intervention, individual, group, or family therapy, and medication ~~provided in the residence visits~~ (excluding a medical institution) ~~of a current member,~~ when the member is unable to be served on the center's premises or through a separate telehealth visit.

Identifiable Unit — ~~or through a separate organizational unit that is located in a separate part of a clinic, and that is identifiable in its fiscal, personnel, and program elements~~telehealth visit.

Individual Therapy — psychotherapeutic services provided to an individual.

Intensive Outpatient Program (IOP) – a mental health treatment service that provides time-limited, multi-disciplinary, multimodal structured treatment in an outpatient setting for individuals requiring a clinical intensity that exceeds outpatient treatment. Service includes individual, group, and family therapy as well as case management services.

Long Term Therapy — a combination of diagnostics and individual, couple, family, and group therapy planned to extend more than 12 sessions.

Medication Visit — a member visit specifically for the prescription, review, and monitoring of psychotropic medication by a psychiatrist, or psychiatric clinical nurse specialist, or administration of prescribed intramuscular medication by a physician or a nurse.

Mental Health Center (Center) — an entity that delivers a comprehensive group of diagnostic and psychotherapeutic treatment services to ~~mentally or emotionally disturbed persons~~ individuals seeking treatment for mental health disorders, which may include co-occurring substance use disorder, and their families by an interdisciplinary team under the medical direction of a psychiatrist.

Mental Illness — Health Disorder – any disorder pertaining to mental and emotional disorders ~~health~~ as defined ~~in~~ by the current ~~International Classification~~ edition of *Diseases, Clinical Modification* or the ~~American Psychiatric Association's~~ *Diagnostic and Statistical Manual*, and ~~manifested by impaired functioning in behavior, feeling, thinking, or judgment to the extent that the affected person, or someone else, can observe that the person affected is unable to fulfill reasonable personal and social expectations.~~ of Mental Disorders.

Multiple-Family Group Therapy — the treatment of more than one family unit, at the same time in the same ~~session~~ visit, by one or more authorized staff ~~members~~ member. There is more than one family member present per family unit and at least one of the family members per family unit must be an identified patient of the ~~clinic program~~ center.

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Outreach Program — ~~a mental health and substance use disorder treatment services being delivered by a clinical or paraprofessional staff member of the center program located off the premises of the mental health center or any of its that:~~

- ~~(1) is located in the same Department or any of Mental Health area as the mental health center or in a contiguous area;~~
- ~~(2) is opensatellite clinics, including but not limited to patients no more than 20 hours per week; and services in members' homes or other community environments.~~
- ~~(3) on a regular basis offers no more than 40 staff hours per week of mental health services.~~

Parent Center — Clinic – the central location of the mental health center, at which most of the administrative, organizational, and clinical services are performed.

Peer Recovery Coach – an individual currently in recovery who has lived experience with addiction and/or co-occurring mental health disorders and has been trained to help their peers with a similar experience to gain hope, explore recovery, and achieve life goals. Peer Recovery Coaches must meet requirements as set forth in 130 CMR 418.000: Substance Use Disorder Treatment Services.

Pharmacotherapy – providing therapeutic treatment with pharmaceutical drugs.

Preventive Behavioral Health Services – short-term group interventions, recommended by a physician or other licensed practitioner, practicing within their scope of licensure, that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social/emotional concerns, to prevent the development of behavioral health disorders for children and adolescents under the age of 21.

~~Professional Staff Member Authorized to Render Billable Mental Health Center Services~~ — a person trained in the discipline of psychiatry, clinical or counseling psychology, social work, psychiatric nursing (includes a psychiatric clinical nurse specialist), counseling, or occupational therapy as described in 130 CMR 429.424.

Psychological Testing — the use of standardized test instruments to evaluate aspects of an individual's functioning, including aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology, subject to the limitations of 130 CMR 429.441(F).000.

Psychotherapy for Crisis — an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma.

Satellite Facility — ~~a mental health center program~~Quality Management Program – a systematic and ongoing process for monitoring, evaluating, and improving the quality and appropriateness of services provided to members, with focused attention on addressing cultural, ethnic, and language differences.

Recovery Support Navigator – a paraprofessional or peer specialist who receives specialized training in the essentials of substance use disorder and evidence-based techniques such as motivational interviewing, and who supports members in accessing and navigating the substance use disorder treatment system through activities that can include care coordination,

case management, and motivational support. Recovery Service Navigators must meet requirements as set forth in 130 CMR 418.000: Substance Use Disorder Treatment Services.

Release of Information (ROI) – a document that allows a patient to authorize and revoke what information they want to release from their patient record, who they want it released to, how long it can be released for, and under what statutes and guidelines it is released.

Satellite Clinic – a clinic at a different location from the parent center that operates under the license of and falls under the fiscal, administrative, and personnel management of the parent center ~~and that meets the following criteria.~~

- ~~(1) It is open to patients more than 20 hours a week.~~
- ~~(2) It offers more than 40 person hours a week of services to patients.~~

Short-Term Therapy — a combination of diagnostics and individual, couple, family, and group therapy ~~planned to terminate within 12 sessions.~~

Structured Outpatient Addiction Program (SOAP) ~~÷~~ ASAM Level Intensive Outpatient Services – a substance addiction treatment service that provides short-term, multi-disciplinary, clinically intensive structured treatment to address the sub-acute needs of individuals with addictions and/or co-occurring disorders. These services may be used as a transition service in the continuum of care toward lower intensity outpatient services or accessed directly. SOAP services must meet requirements as set forth in 130 CMR 418.000: Substance Use Disorder Treatment Services.

Substance Use Disorder – any disorder pertaining to substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Supervised Clinical Experience — a clinician's experience ~~in~~ providing diagnostic and treatment services ~~in an organized mental health setting~~ to individuals, families, and groups of individuals under the direct and ~~continuing~~ continuous supervision of a qualified independently licensed professional ~~qualified as set forth in psychiatry, clinical or counseling psychology, psychiatric social work, or psychiatric nursing (includes psychiatric clinical nurse specialist).~~ 130 CMR 429.423, who is employed by the same center as the supervisee.

Telehealth – the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

Urgent Behavioral Health Needs - needs characterized by changes in behavior or thinking, role dysfunction, emerging intent of self-injury, or threats to others. Urgent behavioral health needs do not rise to the level of immediate risk of harm to self or others.

429.403: Eligible Members

- (A) ~~(1)~~ MassHealth Members. - MassHealth covers mental health center services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in the MassHealth agency's regulations. ~~The MassHealth agency's regulations at 130 CMR 450.105 specifically state, Covered services~~ for each MassHealth coverage type, ~~which services are covered and which members are eligible to receive those services~~ set forth in 130 CMR 450.105: Coverage Types.
- ~~(2)~~

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~~(2)~~

~~(B)~~ Members of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106: Emergency Aid to the Elderly, Disabled and Children Program.

~~(B)(C)~~ For information on verifying member eligibility and coverage type, see 130 CMR 450.107: Eligible Members and the MassHealth Card.

~~(D)~~ Limitations. For limitations on mental health disorder and substance abuseuse disorder services provided to members enrolled with a MassHealth managed care provider, see 130 CMR 450.105: Coverage Types and 130 CMR 450.124: Behavioral Health Services.

429.404: Provider Eligibility

~~(A)~~ (A) In State. Each center operated by a freestanding clinic or a satellite clinic is eligible to participate only if the center is:

- (1) enrolled as a Medicare provider;
- (2) enrolled and actively participating with the MassHealth agency as a billing provider as evidenced by the issuance of a Provider Identification and Service Location (PIDSL) number for the provision of mental health center services at that location; and
- (3) licensed by the Massachusetts Department of Public Health (DPH). The MassHealth agency may waive the clinic licensure requirement for centers that are:
 - (a) operated by a local department of public health; and
 - (b) comply with 130 CMR 429.404(A)(2).

~~(B)~~ Out of State. To participate in MassHealth, an out-of-state mental health center must obtain a MassHealth provider number and meet the following criteria:

- (1) if the center is required by its own state's law to be licensed, the center must be licensed by the appropriate state agency under whose jurisdiction it operates;
- (2) the center must participate in its own state's medical assistance program or its equivalent;
- (3) the center must be a Medicare participating provider; and
- (4) the center must have a rate of reimbursement established by the appropriate rate setting regulatory body of its state.

~~(B)~~ Out of State. Each out-of-state center operated by a freestanding clinic or satellite clinic is eligible to participate only if the center:

- (1) meets the following criteria:
 - (a) if the center is required by its own state's law to be licensed, each center must be licensed by the appropriate state agency under whose jurisdiction it operates;
 - (b) each center must participate in its own state's medical assistance program or its equivalent;
 - (c) each center must have a rate of reimbursement established by the appropriate rate setting regulatory body of its state.
- (2) -is a Medicare-participating provider;
- (3) is enrolled by the MassHealth agency as a provider of mental health center services at that location; and obtains a MassHealth PIDSL number.

(C) Behavioral Health Urgent Care Provider Eligibility. To be designated as a Behavioral Health Urgent Care provider, a center must meet the eligibility requirements set forth in 130

CMR 429.404(A) and the following criteria.

(1) Comply with the regulations in 130 CMR 429.000;

(2) Attest at a time and in a form determined by the MassHealth agency to being able to meet the following requirements:

(a) Appointments.

1. Appointments for diagnostic evaluation services for new clients are available on the same or next day of clinic operation, when clinically indicated based on initial intake;

2. Appointments for all existing clients with an urgent behavioral health need are available on the same or next day of clinic operation;

3. Urgent psychopharmacology appointments and Medication for Addiction Treatment evaluation are available within 72 hours of an initial diagnostic evaluation and based on a psychosocial assessment; and

4. All other treatment appointments including follow-up appointments are available within 14 calendar days.

(b) Hours. Meet the requirements as set forth in 429.434(D)

(3) Multiple Clinics. The Behavioral Health Urgent Care provider requirements shall be met at the clinic location level.

(D) Each center operated by a freestanding clinic or satellite clinic must meet the requirements listed in 130 CMR 429.000 in order to be enrolled by the MassHealth agency.

~~(D)~~(E) Payment for ~~the~~ services described in 130 CMR 429.000 will be made only to mental health centers participating in MassHealth on the date of service. ~~A center operated by a freestanding clinic, a satellite facility of a clinic, or an identifiable unit of a clinic, is eligible to participate only if the center is licensed by the Massachusetts Department of Public Health, is a Medicare participating provider, and is certified by the MassHealth agency for the provision of mental health services at that location. However, the MassHealth agency may waive the clinic licensure requirement for community health centers operated by local health departments that are thus exempt from licensure by the Massachusetts Department of Public Health under M.G.L. c. 111, s. 52, and that the MassHealth agency has certified as performing community health center services.~~

429.405: ~~— In State Providers: Certification Provider Enrollment Process~~

~~(A) A center operated by a freestanding clinic, or an identifiable unit of a clinic, must meet the requirements listed in 130 CMR 429.421 through 429.441 in order to be certified by the MassHealth agency. A center operated by a satellite facility of a freestanding clinic must meet all the requirements for certification as well as the additional requirements outlined in 130 CMR 429.439, except for a dependent satellite program that is exempt from full compliance with 130 CMR 429.421, subject to the conditions set forth in 130 CMR 429.439(D).~~

~~(A) (B)~~ A separate, complete application for certification/enrollment as a mental health center must be submitted for each parent center/clinic and each satellite facility/clinic operated by the parent clinic that operates under a different tax identification number than the parent clinic. The applicant. The must submit the appropriate provider enrollment application must be made on the form provided by the MassHealth agency and must be submitted to the MassHealth agency's Mental Health Center Program to the MassHealth agency. The MassHealth agency may request additional information from the applicant or perform a site inspection to evaluate the center's/applicant's compliance with the regulations in 130 CMR 429.000.

~~(1) (C)~~ Based on the information revealed in the certification/enrollment application and the, information known to the MassHealth agency about the applicant, and on the findings of a/from any site inspection deemed necessary, the MassHealth agency will determine whether the applicant is certifiable or not eligible for enrollment.

(2) The MassHealth agency will notify the applicant of the determination in writing within 60 days after the date of the site visit of the MassHealth agency receiving a completed application. An application shall not be considered complete until the applicant has responded to all MassHealth requests for additional information, and MassHealth has

completed any required site inspection.

(B) If the MassHealth agency determines that the applicant is not ~~certifiable~~ eligible for enrollment, the notice will contain a statement of the reasons for that determination, including but not limited to incomplete application materials and recommendations for corrective action, ~~and an assessment of the applicant's prospects for certification~~ if appropriate, so that the applicant may reapply for ~~certification~~ enrollment once corrective action has been ~~taken~~ completed.

~~(B) A separate application for certification as a mental health center must be submitted for each parent center and satellite facility operated by the applicant. The application must be made on the form provided by the MassHealth agency and must be submitted to the MassHealth agency's Mental Health Center Program. The MassHealth agency may request additional information from the applicant to evaluate the center's compliance with the regulations in 130 CMR 429.000.~~

~~(C) Based on the information revealed in the certification application and the findings of a site inspection, the MassHealth agency will determine whether the applicant is certifiable or not. The MassHealth agency will notify the applicant of the determination in writing within 60 days after the date of the site visit. If the MassHealth agency determines that the applicant is not certifiable, the notice will contain a statement of the reasons for that determination, recommendations for corrective action, and an assessment of the applicant's prospects for certification, so that the applicant may reapply for certification once corrective action has been taken.~~

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~~(C) (D)~~ The ~~certification~~enrollment is valid only for the center or centers described in the application and is not transferable to other centers operated at other locations by the applicant. Any additional center established by the applicant at a satellite facilityclinic or other location must ~~obtain separate certification from~~separately apply for enrollment and be enrolled with the MassHealth agency ~~in order~~ to receive payment.

429.406: ~~—~~ In State Providers: Reporting Requirements Required Notifications and Reports

~~(A) (A)~~ All Annual Report. Each mental health ~~centers~~center must ~~complete an~~submit a completed annual report, on forms furnished by the MassHealth agency, and file them with the MassHealth agency ~~within 90 days after the close~~by September 30th of ~~the MassHealth agency's fiscal~~each year. The report must include ~~the current staffing pattern, indicate any revisions or changes in~~at minimum:

- ~~(1) a copy of the center's written policies and procedures, describe;~~
- ~~(2) a list of all clinical staff that includes the following information: staff name, license number, type of license, and board certification, if applicable, indication of the clinical supervisor for staff who are unlicensed, and, for any clinical staff member whose professional licensure standards do not specify a timeframe in which supervisory hours must be completed, a detailed statement that includes a description of that individual's timeline to obtain independent professional licensure;~~
- ~~(3) a statement describing the role of the psychiatrist, and provide;~~
- ~~(4) written attestation that the center is in compliance with 130 CMR 429.000; and~~
- ~~(4)(5)~~(5) any other information that the MassHealth agency may request.

~~(B) The MassHealth agency may conduct a site visit to verify compliance with 130 CMR 429.000. If deficiencies are observed during such a site visit, the MassHealth agency will send the center a letter itemizing these deficiencies. The center must then submit a plan of correction for all deficiencies cited in the letter, including the specific corrective steps to be taken, a timetable for these steps, and the date by which full compliance will be achieved, which must be no later than three months after the date of the MassHealth agency's letter. The MassHealth agency will accept the plan of correction only if it conforms to these requirements.~~

~~(C) All centers must submit promptly to the MassHealth agency the name and resume of any new clinical director or administrator. (See 130 CMR 429.423.)~~

~~(B) (D)~~ All centers Staffing and Personnel Reports.

- (1) Each center must submit to the MassHealth agency within no later than 30 days of any staffing change the name, license number, and type of license of any:
 - (a) new personnel identified in 130 CMR 429.422;
 - (b) individual newly responsible for clinical supervision; and
 - (c) individual added to the Utilization Review Committee.
- (2) For any unlicensed professional who continues to deliver services in the center for longer than the timeframe allowed to move toward professional licensure in their discipline, including for those whose licensure application is pending, each center must submit to the MassHealth agency at least 30 days prior to the expiration of said timeframe: the name of the unlicensed professional, a statement of the status of the individual's licensure which shall include a predicted timeframe for completion, and the name and licensure number of the unlicensed clinician's supervising clinician.
- (3) In the event that any licensed staff member is sanctioned or disciplined by the Department of Public Health or out of state provider's relevant state licensing agency, or sanctioned by the staff member's board of licensure, the center must report the following to

MassHealth within 10 days of notification of said sanction or disciplinary action: the name of the individual, the individual's license number, a copy of the official notification of sanction or disciplinary action, and a statement about intended next steps by both the center and the staff member to address the sanction or disciplinary action.
(4) Each center must provide additional staffing or personnel information as requested by the MassHealth agency.

(C) For each CANS assessment conducted, each center must report data collected during the assessment to the MassHealth agency, in the manner and format specified by the MassHealth agency.

(D) Adverse Incident Reports. Each center must report Adverse Incidents to the MassHealth agency within 24 hours of discovery of the incident, or, if the incident occurs on a holiday or weekend, on the next business day, in a format specified by the MassHealth agency.

(E) Each center must inform the MassHealth agency within 15 days of any citation or loss of licensure or accreditation issued to the center by another agency, including but not limited to the Department of Public Health, an out of state provider's relevant state licensing agency, The Joint Commission, or the Commission on Accreditation of Rehabilitation Facilities (CARF), or changes to or loss of Medicare participation and enrollment.

(F) Each center must comply with all reporting requirements established under regulations of the Executive Office of Health and Human Services (EOHHS) that may pertain to the practice, facility, or staffing of the center as directed by the MassHealth agency.

429.407: ~~In-State Providers:~~ Revocation of ~~Certification~~ Enrollment and Sanctions

(A) The MassHealth agency has the right to review a mental health center's continued compliance with the conditions for ~~certification~~ enrollment referred to in 130 CMR 429.405 and the reporting requirements in 130 CMR 429.406 upon reasonable notice and at any reasonable time during the center's hours of operation. The MassHealth agency has the right to revoke the ~~certification~~ enrollment, subject to any applicable provisions of ~~the MassHealth administrative and billing regulations at 130 CMR 450.000;~~ if such review reveals that the center has failed to or ceased to meet such conditions. Administrative and (B) Billing Regulations, if such review reveals that the center has failed to or ceased to meet such conditions.

(B) If the MassHealth agency determines that there exists good cause for the imposition of a lesser sanction than revocation of ~~certification~~ enrollment, it may withhold payment, temporarily suspend the center from participation in MassHealth, or impose some other lesser sanction as the MassHealth agency sees fit, pursuant to the processes set forth in 130 CMR 450.000, as applicable.

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429.408: ~~_____~~ In-State Providers: Maximum Allowable Fees

(A) ~~(A)~~ The MassHealth agency pays for mental health center services with rates set by EOHHS, subject to the conditions, exclusions, and limitations set forth in 130 CMR 429.000. EOHHS fees for mental health center services are contained in 101 CMR 306.00: [Rates of Payment for Mental Health Services Provided in Community Health and Mental Health Centers.](#)

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~~(2)~~(1) ~~(B)~~ In the event that the center has a sliding- scale charge structure, the maximum published charges will be considered the center's usual charge to the general public, provided the following conditions are met:

- (a) ~~(1)~~ the center's full charges must be published in a fee schedule;
- (b) ~~(2)~~ the center's revenues must be based on the application of full charges with allowances noted for reduction of fees;
- (c) ~~(3)~~ the center's procedure for reduction of fees must be in accordance with written policies; and
- (d) ~~(4)~~ the center must maintain sufficient information to document the amount of the reductions.

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(2) ~~(C)~~ Centers designated as Behavioral Health Urgent Care Providers pursuant to 130 CMR 429.404 (A) may bill for the provision of these services according to rates set forth in 101 CMR 306.00.

(B) Administrative Operations. Payment by the MassHealth agency for ~~a~~ mental health ~~service~~ center services includes payment for administrative operations and for all aspects of service delivery not explicitly included in 130 CMR 429.000, such as, but not limited to:

- ~~(1) patient registration;~~
- (1) completion of member registration and intake, which may be completed on a telephonic or walk-in basis, and shall include accumulating and recording at least the minimally required member information necessary to facilitate diagnostic evaluation services, including the members' presenting concern, and for referral to an appropriate provider or service;
- (2) ~~telephone contacts~~ communication with members or other parties that may include processes for appointment reminders or coordination of care;
- (3) ~~(3)~~ staff supervision or consultation with another staff member within the mental health center;
- (4) ~~(4)~~ providing information for the coordination of referrals; and ~~referral; and~~
- (5) ~~(5)~~ recordkeeping.

429.409: ~~Out- of- State Providers: Maximum Allowable Fees~~

Payment to a mental health center located out ~~of~~ state ~~is~~ shall be in accordance with the applicable rate schedule of its state's medical assistance program, or its equivalent, and is always subject to the applicable conditions, exclusions, and limitations set forth in 130 CMR 429.000.

429.410: ~~Nonreimbursable Services~~

(A) ~~(A)~~ Nonmedical Services. The MassHealth agency does not pay mental health centers for nonmedical services. These services include, but are not limited to, the following:

- (1) ~~(1)~~ vocational rehabilitation services;
- (2) ~~(2)~~ sheltered workshops (a program of vocational counseling and training in which participants receive paid work experience or other supervised employment);
- (3) ~~(3)~~ educational services;
- (4) ~~(4)~~ recreational services (play therapy, the use of play activities with a child in an identified treatment setting as an alternative to strictly verbal expression of conflicts and feelings, is not considered a recreational service and is reimbursable);
- (5) ~~(5) street worker services (life enrichment services (ego enhancing services such as workshops or educational courses provided to functioning persons); and~~
- ~~(4)~~ (6) other services such as providing information, referral, and advocacy to certain age populations; liaison, liaising with other agencies; role modeling; and community organization); and
- ~~(6) life enrichment services (ego enhancing services such as workshops or educational courses provided to functioning persons).~~

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(B) Travel Time for Outreach. Travel time to and from community-based locations, including the member's home, is not a reimbursable service.

~~(B)~~(C) Nonmedical Programs. The MassHealth agency does not pay for diagnostic and treatment services that are provided as an integral part of a planned and comprehensive program that is organized to provide primarily nonmedical or other ~~nonreimbursable~~non reimbursable services. Such programs include residential programs, day activity programs, drop-in centers, and educational programs.

~~(C)~~(D) ~~(C)~~ Research and Experimental Treatment. The MassHealth agency does not pay for research or experimental treatment.

~~(D)~~(E) Referrals. A provider to whom a member is referred must bill the MassHealth agency directly for any services rendered as a result of the referral, not through the mental health center. ~~(See 130 CMR 429.411.)~~

~~(F)~~(B) ~~The provider to whom a member is referred must bill the MassHealth agency directly for all such referral services, not through the mental health center.~~ In order to receive payment for referral services, the ~~referral rendering~~ provider must be a participating provider in MassHealth on the date of service. (See 130 CMR 429.421(6)).

429.411: ~~Referrals~~Site Inspections

~~(A) All services provided by referral must be based on written agreements between the mental health center and the provider to whom a member is referred that ensure continuity of care, exchange of relevant health information, such as test results and records, and avoidance of service duplication. This agreement must also contain follow-up provisions to ensure that the referral process is completed successfully. The MassHealth agency may, at any time, conduct announced or unannounced site inspections of any center to determine compliance with applicable regulations. Such site inspections need not pertain to any actual or suspected deficiency in compliance with the regulations.~~

(B) After any site inspection where deficiencies are observed, the MassHealth agency will prepare a written site inspection report. The site inspection report will include the deficiencies found, and the period within which the deficiency must be corrected. The center shall submit a corrective action plan, within the timeframe set forth by the MassHealth agency, for each of the deficiencies cited in the report, including the specific corrective steps to be taken, a timetable for these steps, and the date by which full compliance will be achieved. The MassHealth agency will review the corrective action plan and will accept the corrective action plan only if it conforms to these requirements.

429.412: ~~Early and Periodic Screening, Diagnostic~~ and Treatment (EPSDT) Services

~~_____~~ The MassHealth agency pays for all medically necessary mental health center services for EPSDT-eligible members in accordance with 130 CMR 450.140 *et seq.*, without regard to service limitations described in 130 CMR 429.000, and with prior authorization.

(130 CMR 429.413 through 429.420 Reserved)

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429.421: Scope of Services

~~(A) Requirements.~~

~~(A) (1) A mental health Required Services. Each center must have services available to treat a wide range of mental and emotional behavioral health disorders, and including co-occurring substance use disorders. All services must be clinically determined to be medically necessary and appropriate and must be delivered by qualified staff in accordance with 130 CMR 429.424, and as part of the treatment plan in accordance with 130 CMR 429.421(A)(2). A center must have the capacity to provide comprehensive diagnostic assessments for a wide range of problems at least the services set forth in 130 CMR 429.421(A). In certain rare circumstances, the MassHealth agency may waive the requirement that the center directly provide one or more of these services if the center has a written referral agreement with another source of care to provide such services, and makes such referrals according to the provisions of 130 CMR 429.411.421(A)(6).~~

~~(2) All services must be clinically determined to be medically necessary and appropriate, and must be delivered by qualified staff in accordance with 130 CMR 429.424, and as part of the treatment plan in accordance with 130 CMR 429.432. These services are provided in intermittent sessions that ordinarily last less than two hours and are available on a walk-in or an appointment basis. Except for diagnostic and crisis intervention/emergency services, mental health centers must deliver all services to members with a psychiatric diagnosis and who function at a sufficient level to benefit from treatment.~~

~~(B) Diagnostic and Treatment Services. A center must have the capacity to provide at least the following diagnostic and treatment services, as defined in 130 CMR 429.402:~~

- ~~(1) diagnostic services;~~
- ~~(2) psychological testing;~~
- ~~(3) long term therapy;~~
- ~~(4) short term therapy;~~
- ~~(5) individual therapy;~~
- ~~(6) couple therapy;~~
- ~~(7) family therapy;~~
- ~~(8) group therapy;~~
- ~~(9) medication visit;~~
- ~~(10) case consultation; Case consultation must consist of a scheduled meeting between the clinical staff at the mental health center and other providers of treatment concerning a member who is a center's client. Other providers of treatment are professional staff, who are not employed by the mental health center, but who are actively providing care or treatment for the member, including professional staff providing services on behalf of an employer. The purpose of case consultation must include at least one of the following:~~
 - ~~(a) identifying and planning for additional services;~~
 - ~~(b) coordinating a treatment plan with other providers involved in the member's care;~~
 - ~~(c) reviewing the member's progress; or~~
 - ~~(d) revising the treatment plan as required.~~
- ~~(11) family consultation;~~
- ~~(12) psychotherapy for crisis/emergency services;~~
- ~~(13) after hours telephone service; The telephone service must provide arrangements for effectively responding to the crisis. (A tape recorded telephone message instructing patients to call a hospital emergency room is not acceptable.) Acceptable arrangements include~~
 - ~~(a) professional staff members available to talk to clients over the telephone and, if~~

~~indicated, to arrange for further care and assistance directly or through referral; or
(b) an after-hours live telephone service and a referral arrangement with a local hospital emergency department or other emergency service, established through a written agreement that sets forth the policy, personnel, referral, coordination, and other procedural commitments as set forth in 130 CMR 429.411; and~~

~~(14) home visits.~~

(1) Diagnostic Evaluation Services.

(a) Diagnostic Evaluation Services that must occur on a member's initial date of service shall include:

1. Identification of the member's presenting complaint or problem at the time of assessment; and
2. A risk assessment.

(b) Diagnostic Evaluation Services that may occur on a member's initial date of service or over subsequent visits to complete the diagnostic evaluation, develop a treatment plan, and substantiate treatment rendered, shall include:

1. An assessment of the current status and history of the member's physical and psychological health, including any current or former substance use;
2. Current and former behavioral health disorder treatment, or any other related treatment, including pharmacotherapy or substance use disorder treatment; and
3. Current and former social, economic, developmental, and educational functioning, describing both strengths and needs.

(c) As treatment progresses, further diagnostic information shall be gathered and documented to inform longitudinal treatment planning.

(d) For members under the age of 21, a CANS assessment must be completed during the initial behavioral-health assessment before the initiation of therapy and be updated at least every 90 days thereafter by a CANS-certified provider.

(2) Treatment Planning Services.

(a) Each center must complete a treatment plan for every member by no later than the member's fourth visit.

(b) The member's written treatment plan shall be appropriate to the member's presenting complaint or problem and based on information gathered during the intake and diagnostic evaluation process, including any substance use disorder screening results.

(c) The treatment plan must be in writing, and must include at least the following information, as appropriate to the member's presenting complaint or problem:

1. identified problems and needs relevant to treatment and discharge expressed in behavioral, descriptive terms;
2. the member's strengths and needs;
3. measurable treatment goals addressing identified problems, with time guidelines for accomplishing goals and working towards discharge;
4. identified clinical interventions, including pharmacotherapy, to obtain treatment goals;
- 4-5. evidence of member's input in formulation of the treatment plan, for example, the member's stated goals, and direct quotes from the member;
6. clearly defined staff responsibilities and assignments for implementing the plan;
7. the date the plan was last reviewed or revised; and
8. the signatures and licenses or degrees of staff involved in the review or revision.

(d) Treatment plans must be updated in the event of a significant change in clinical presentation or treatment needs, which may include, but is not limited to, admission to inpatient level of care or initiation of psychopharmacology or therapy services.

(e) Upon the member meeting the goals and objectives within the treatment plan, a written discharge summary must be completed by the clinician that describes the member's response to the course of treatment and referrals to aftercare and other resources.

(3) Case and Family Consultation and Therapy Services. These services must include case and family consultation, individual, group, couple, and family therapies provided by or supervised by the mental health professionals identified in 130 CMR 429.422:_____.

(4) Pharmacotherapy Services.

(a) Pharmacotherapy services must include, but are not limited to, an assessment of the patient's:

1. psychiatric symptoms and disorders;
2. health status including medical conditions and medications;
3. use or misuse of alcohol or other substances; and
4. prior experience with psychiatric medications.

(b) Pharmacotherapy services must include medication prescribing, reviewing, and monitoring.

(c) Pharmacotherapy services must be provided by an appropriately licensed individual with the authority to prescribe medications.

(d) Pharmacotherapy services may be provided by a provider that is not employed by the center, who is operating under a documented agreement with the center.

(e) These requirements do not preclude the one-time administration of a medication in an emergency in accordance with a prescribing practitioner's order.

(5) Crisis Intervention Services. Each center must provide clinic coverage to respond to members experiencing a crisis 24 hours per day, seven days per week.

(a) During business hours, clinic coverage must include, at minimum, crisis evaluation by a qualified professional and triage to appropriate services for the member's presenting crisis.

(b) After hours crisis intervention services must include live telephonic access to qualified professionals and, if indicated, triage -in real-time to an appropriate provider to determine whether a higher level of care and/or additional diversionary services are necessary. A pre-recorded message will not fulfill the requirement for access to a qualified professional.

(6) Referral Services.

(a) Each center must have written policies and procedures for addressing a member's behavioral health disorder needs that exceed the scope of services provided by the center including but not limited to substance use disorder needs. Policies and procedures must minimally include personnel, referral, coordination, and other procedural commitments to address the referral of members to the appropriate health care providers, including but not limited to substance use disorder providers.

(b) When referring a member to another provider for services, each center must ensure continuity of care, exchange of relevant health information, such as test results and records, and avoidance of service duplication between the center and the provider to whom a member is referred. Each center must also ensure that the referral process is completed successfully and documented in the member's medical record.

(c) In the case of a member who is referred to services outside of the center, the rendering provider must bill the MassHealth agency directly for any services rendered to a member. The rendering provider may not bill through the referring mental health center.

(B) Optional Services. The below services are reimbursed by the MassHealth agency and are intended to complement the required services set forth in 130 CMR 429.414(A). The following services set forth in 130 CMR 429.421(B) are billable services and are allowed but not required to be provided by a center. All optional services provided by the center must be set forth in a member's Treatment Plan developed pursuant to 130 CMR 429.421(A)(2).

(1) Certified Peer Specialist (CPS) Services. The MassHealth agency will pay for CPS services that promote empowerment, self-determination, self-advocacy, understanding, coping skills, and resiliency through a specialized set of activities and interactions when provided by a qualified Certified Peer Specialist to an individual with a mental health disorder.

(2) Structured Outpatient Addiction Program (SOAP). The MassHealth agency will pay for SOAP services delivered by centers in conformance with all applicable sections of 130 CMR 418.00: *Substances Use Disorder Treatment Services.*

(3) Enhanced Structured Outpatient Addiction Program (E-SOAP). The MassHealth agency will pay for E-SOAP services delivered by centers in conformance with all applicable sections of 130 CMR 418.00: *Substance Use Disorder Treatment Services*.

(4) Peer Recovery Coach Services. The MassHealth agency will pay for peer recovery coach services delivered by centers in conformance with all applicable sections of 130 CMR 418.00: *Substance Use Disorder Treatment Services*.

(5) Recovery Support Navigator Services. The MassHealth agency will pay for recovery support navigator services delivered by centers in conformance with all applicable sections of 130 CMR 418.00: *Substance Use Disorder Treatment Services*.

(6) Intensive Outpatient Program (IOP). The MassHealth agency will pay for the following clinical interventions, when delivered as part of an Intensive Outpatient Program.

(a) IOPs must provide a member with 3.5 hours of services each day for a minimum of five days per week. Specific IOP clinical interventions must include:

1. bio-psychosocial evaluation;
2. individualized treatment planning based on results of bio-psychosocial evaluation;
3. case and family consultation;
4. crisis prevention planning, and safety planning for youth, as applicable;
5. discharge planning and case management;
6. individual, group, and family therapy;
7. multi-disciplinary treatment team review;
8. peer support and recovery-oriented services;
9. provision of access to medication evaluation and medication management, as indicated, directly or by referral;
10. psycho-education;
11. substance use disorder assessment and treatment services; and
12. access to Medication evaluation and Medication management.

If medication evaluation and medication management services are not provided within the IOP service, the center may provide these services through the MHC.

(b) Preventive Behavioral Health Services. Preventive behavioral health services are provided to members under the age of 21 who have a positive behavioral health screen, or in the case of an infant, a caregiver who has had a positive post partum depression screen. Preventive behavioral health services are delivered by a qualified behavioral health clinician. During the delivery of preventive behavioral health services, if the provider determines that a member has further clinical needs, members and families should be referred for evaluation, diagnostic, and treatment services. After six sessions, if the provider determines that further preventive behavioral health services are needed, providers should document the clinical appropriateness of ongoing preventive services.

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429.422: Staff Composition Requirements

~~(A) (A) The mental health~~Minimum Staffing Requirements. Each center must have a balanced interdisciplinary meet the minimum staffing plan that includes three or more core professional staff members who meet the qualifications and staff composition requirements outlined in 130 CMR 429.422 to adequately provide the required scope of services set forth in 130 CMR 421.000: *Family Planning Agency Services*. The staff must include other related mental health professionals as appropriate to meet the needs of members, which includes staff necessary for the provision of intake, diagnostic evaluation, and treatment services.

(B) Minimum Staffing Composition.

~~(1) Psychiatrist. 424 for their respective professions. Of these, one must be a~~ Each center must employ, whether on staff or by contract, at least one psychiatrist licensed by the Massachusetts Board of Registration in Medicine pursuant to M.G.L. c. 112, §§ 2 through 12DD; c. 112 §§ 61 through 65; M.G.L. c. 112 § 88; and 243 CMR 2.00 and certified by the American Board of Psychiatry and Neurology, or board eligible for such certification. Such psychiatrist shall be responsible for prescribing, or monitoring and supervising the prescription of, all medications.

~~(2) Multi-disciplinary Staff. In addition to the requirements under 130 CMR 429.422(B)(1) each center must have a multi-disciplinary staff that includes at least two of the following mental health professionals:~~

~~(a) Psychologist, and two must be from separate nonphysician core disciplines, including- A psychologist licensed by the Massachusetts Board of Registration of Psychologist, and specializing in clinical or counseling psychology, or a closely related specialty, pursuant to M.G.L. c. 112, §§ 118 through 127 and 251 CMR 3.00.~~

~~(b) Social Worker. An independent clinical social work, or worker licensed by the Massachusetts Board of Registration of Social Worker pursuant to M.G.L. c 13, §84 and 258 CMR 9.00.~~

~~(c) Advanced Practice Registered Nurse. An advanced practice registered nurse who specializes in psychiatric treatment as follows:~~

~~1. Psychiatric Nurse. A registered nurse with a master's degree in psychiatric nursing. Certain additional staffing requirements are contained in 130 CMR 429.423 licensed by the Board of Registration in Nursing pursuant to M.G.L. c. 112, § 80B and 244 CMR 4.00.~~

~~(B) The staff must have specific training and experience to treat the target populations of the center. For example, staff treating children are required to have specialized training and experience in children's services. As further described in 130 CMR 429.424, staff who provide individual, group, family therapy, and multiple family group therapy to members under the age of 21 must be certified every two years to administer the Child and Adolescent Needs and Strengths (CANS), according to the process established by EOHHS.~~

~~(C) For clinic licensed mental health centers, the staff composition requirements are contained in 130 CMR 429.422 and 429.423. Clinic licensed mental health centers must employ the equivalent of at least three full-time professional staff members, two of whom must be core team members who meet qualifications outlined in 130 CMR 429.423 for their respective disciplines. When a clinic licensed mental health center has 10 employees or fewer, the core team members must work a minimum of 20 hours a week.~~

~~(D) Dependent satellite programs must employ at least two full-time equivalent professional staff members from separate nonphysician core disciplines. The Director of Clinical Services at the parent center must ensure that supervision requirements of 130 CMR 429.438(E) are~~

performed. If the satellite program's staff do not meet the qualifications for core disciplines as outlined in 130 CMR 429.424, they must receive supervision from qualified core staff professionals of the same discipline at the parent center.

~~(E) For clinic licensed community health centers, the center must employ at least two half-time professional staff members from separate, nonphysician core disciplines who meet the qualifications outlined in 130 CMR 429.424 for their respective disciplines.~~

~~(F) Autonomous satellite programs, as defined in 130 CMR 429.402, must meet the requirement's specified in 130 CMR 429.422(C).~~

429.423: Position Specifications and Qualifications

2. (A) ~~Psychiatric Clinical Nurse Specialist~~. A psychiatric clinical nurse specialist licensed by the Board of Registration in Nursing pursuant to M.G.L. c. 112, § 80B and 244 CMR 4.00.

(d) Licensed Mental Health Counselor. A licensed mental health counselor licensed by the Board of Registration of Allied Mental Health and Human Service Professions pursuant to M.G.L. c. 112, § 165 and 262 CMR 2.00.

(e) Licensed Alcohol and Drug Counselor I. An alcohol and drug counselor licensed by the Department of Public Health pursuant to 105 CMR 168.000.

(f) Licensed Marriage and Family Therapist. A marriage and family therapist licensed by the Board of Registration of Allied Mental Health and Human Services Professions pursuant to M.G.L. c. 112, §§ 163 through 172 and 262 CMR 3.00.

(g) Other Licensed Mental Health and Substance Use Disorder Practitioners. Other mental health and substance use disorder practitioners licensed by the Division of Professional Licensure, the Department of Public Health or any Board of Registration and deemed by the Department of Public Health to be mental health and substance use disorder professionals.

(3) Staff to Administer Medication Services. In addition to the staff required in 130 CMR 429.422(B)(1) and (2), centers may optionally staff physicians, nurse practitioners, and physician's assistants to support prescriptive practice and integrated medical services, inclusive of addiction medicine, within the center.

(C) Minimum Requirements for Center Administrative and Clinical Management Staff

(1) ~~Administrator~~. -The mental health center must designate one individual as administrator, ~~who~~. The administrator is responsible for the overall operation and management of the center and for ensuring compliance with MassHealth regulations. The administrator must have previous training or experience in personnel, fiscal, and data management, as described in 130 CMR 429.438.

(a) ~~(1)~~ The same individual may serve as both the administrator and clinical director.

(b) ~~(2)~~ In a community health center, the administrator of the entire facility may also administer the mental health center ~~program~~.

(2) ~~(B) Director of Clinical Services~~. ~~Mental Director~~. The mental health ~~centers~~ center must designate a professional staff member to be the clinical director ~~who is then~~, responsible to the administrator, for the direction and control of all professional staff members and services.

~~(1)~~ ~~(a)~~ The clinical director must be ~~independently~~ licensed, certified, or registered to practice in one of the ~~core disciplines~~ Core Disciplines listed in 130 CMR 429.424, ~~422(B)(1) and (B)(2)(a)-(d)~~, and must have had at least five years of ~~full-time~~ ~~fulltime~~, supervised clinical experience subsequent to obtaining a master's degree, two years of which must have been in an administrative capacity. The clinical director must be employed on a full-time basis. When the clinic is licensed as a community health center, the clinical director must work at the center at least half-time.

~~(b)~~ ~~(2)~~ The specific responsibilities of the clinical director include:

1. ~~(a)~~ selection of clinical staff and maintenance of a complete staffing schedule;
2. ~~(b)~~ establishment of job descriptions and assignment of staff;
3. ~~(c)~~ overall supervision of staff performance;

4. ~~(d)~~—accountability for adequacy and appropriateness of patientmember care;
 5. ~~(e)~~—in conjunction with the medical director, accountability for employing adequate psychiatric staff to meet the ~~psychopharmacological~~psychopharmacological needs of ~~clients~~members;
 6. ~~(f)~~—establishment and maintenance of policies and procedures for patientmember care;
 - ~~(g)~~—program evaluation;
 - 7.~~(h)~~ provision of some direct patientmember care in circumstances where the clinical director is one of the three minimum full-time equivalent staff members of the center;
 8. ~~(i)~~—development of in—service training for professional staff; and
 9. ~~(j)~~—establishment of a quality management programQuality Management Program.
- (3) Medical Director. ~~The mental health~~Each center must designate a psychiatrist ~~who meets the qualifications outlined in 130 CMR 429.424(A) as the medical director~~, who is then responsible for establishing all medical policies and protocols and for supervising all medical services provided by the staff. The medical director must work on site at the center a minimum of eight hours a week. When the clinic is licensed as a community health center, the medical director must work at the center at least four hours a week.
- (4) ~~(D)~~—Psychiatrist.
- ~~(1)~~—(a) The roles and duties of administrator, ~~director of clinical services~~director, and medical director, as detailed in 130 CMR 429.~~423(A), (B), and 422(C)(1) through (3)~~, may be assumedperformed, all or in part, by a psychiatrist on the center's staff, provided that provision of services to members and performance of all relevant duties in these regulations are carried out to meet professionally recognized standards of health care, as required by ~~MassHealth administrative and billing regulations at~~ 130 CMR 450.000-Administrative and Billing Regulations.
- (b)~~(2)~~—The role of the psychiatrist in ~~theeach~~ center, apart from any duties that may be assumed under 130 CMR 429.~~423(A), (B), or 422(C)(1) through (3)~~, must include the following:
1. ~~(a)~~—responsibility for the evaluation of the physiological, neurological, and psychopharmacological status of ~~the center's~~ clientsmembers receiving services;
 2. ~~(b)~~—involvement in diagnostic formulations and development and refinement of treatment plans, including reconciliation of psychopharmacological and other medications as required;
 3. ~~(c)~~—direct psychotherapy, when indicated;
 4. ~~(d)~~—participation in utilization review or quality—assurance activity, when indicated;
 5. ~~(e)~~—coordination of the center's relationship with hospitals and provision of general hospital consultations as required;
 6. ~~(f)~~—supervision of and consultation to other disciplines; and
 7. ~~(g)~~—clinical coverage on an "on call" basis at all hours of center operation.

429.424: Qualifications of Professional Staff Authorized to Render Billable Mental Health Center Services by Core Discipline

(A) 429.423: Supervision, Training, and Other Staff Requirements

(A) Staff Supervision Requirements.

(1) Unlicensed or Not Independently Licensed Staff. All professionals who are unlicensed, who are in a profession without licensure, or -who are not independently licensed or appropriately certified, must be supervised. Supervision must be by an independently licensed staff member employed by the center, and qualified to deliver supervision by the applicable professional licensure or certification requirements. Supervision of the following unlicensed or not independently licensed staff must be as follows:

- (a) Psychiatry Residents and Physicians Assistants – Services provided by Psychiatry residents who are not fully qualified to practice independently and Physician Assistants must be under the Direct and Continuous Supervision of an independently licensed Psychiatrist.
- (b) Post-Doctoral Fellows and Psychology Interns – Services provided by post-doctoral fellows and Psychology interns must be under the Direct and Continuous Supervision of a licensed clinical psychologist who is employed by the center.
- (c) Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS) – Services provided by psychiatric nurse mental health clinical specialists who are registered prescribers with less than two years of supervised practice experience, or its equivalent, may engage in prescriptive practice with supervision by a Qualified Healthcare Professional pursuant to 244 CMR 4.07: *Advanced Practice Registered Nurses Eligible to Engage in Prescriptive Practice*.
- (d) Licensed Clinical Social Workers (LCSWs) – Services provided by LCSWs, who have received a master's degree in social work and preliminary licensure, may engage in clinical practice with supervision by Licensed Independent Clinical Social Workers (LICSWs) pursuant to 258 CMR 9.00: *Licensure Requirements and Procedures*.
- (e) Post-Master's Mental Health Counselors and Mental Health Counselor Interns Services. provided by post-master's mental health counselors and mental health counselor
- (1) ~~At least one staff psychiatrist must either currently be certified by the American Board of Psychiatry and Neurology, or the American Osteopathic Board of Neurology and Psychiatry, be eligible and applying for such certification.~~
interns must be provided under the Direct and Continuous Supervision of a Licensed Mental Health Counselor.
- (f) Post-Master's Marriage and Family Therapist – Services provided by post-master's marriage and family therapists must be provided under the direct and continuous supervision of a Licensed Marriage and Family Therapist pursuant to 262 CMR 3.00: *Requirements for Licensure as A Marriage and Family Therapist*.
- (g) Licensed Alcohol and Drug Counselor IIs (LADC II) and Licensed Alcohol and Drug Counselor Assistants (LADC Assistants) – Services provided by LADC IIs or LADC Assistants must be under the direct and continuous supervision of a Licensed Alcohol and Drug Counselor I (LADC I) or other approved supervisor pursuant to 105 CMR 168: *Licensure of Alcohol and Drug Counselors*.
- (h) Peer Recovery Coaches – services provided by peer recovery coaches must be provided under the direct and continuous supervision of a qualified Peer Recovery Coach Supervisor who has completed relevant supervisory trainings, as determined by EOHHS, and pursuant to 130 CMR 418.00: *Substance Use Disorder Treatment Services*.
- (i) Certified Peer Specialists – services provided by Certified Peer Specialists must be provided under the direct and continuous supervision of an independently licensed staff member employed by the center and qualified to deliver supervision under their licensure, or a senior Certified Peer Specialist Supervisor.
- (j) Recovery Support Navigators – services provided by RSNs must be provided under the direct and continuous supervision of an independently licensed clinician with training and experience in substance use disorders and pursuant to 130 CMR 418.00: *Substance Use Disorder Treatment Services*.
- (2) Staff Supervision Frequency.
 - (a) Licensed Staff. All independently licensed professionals must receive supervision, as applicable, in accordance with the relevant licensing requirements and center policy.
 - (b) Unlicensed or Not Independently Licensed Staff. Staff who are not yet independently licensed to practice and are advancing toward licensure must receive direct and continuous supervision. Supervision may be provided using telehealth technology.
- (3) An independently licensed, supervising clinician is primarily responsible for the care of the member. For any care delivered by a professional under supervision there must be documentation in the clinical chart that the chart was reviewed by the supervising clinician.
- (4) All supervision must be documented in files accessible for review by the MassHealth agency. Supervision notes must, at a minimum, contain information regarding frequency of

supervision, format of supervision, supervisor's signature and credentials, and general content of supervision session.

(B) Staff Training. Centers must provide staff with specific training to provide services to members, including but not limited to:

~~(2)~~(1) training to assess and treat mental health disorders, which may include co-occurring substance use disorders, including the clinical and psychosocial needs of the target population using evidence-based practices (e.g., staff treating children must have specialized training and experience in children's services);

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- (2) training on Culturally and Linguistically Appropriate Services (CLAS) to ensure the content and process of all services are informed by knowledge, respect for, and sensitivity to culture, and are provided in the individual's preferred language and mode of communication. Training must include recognition and respect for the characteristics of the members served, such as behaviors, ideas, values, beliefs, and language;
- (3) Any psychiatrist or psychiatric resident training in maintaining a trauma-informed facility and upholding standards of trauma-informed care, including fostering trauma-informed environments;
- (4) training on currently available resources and services, including those in the community, and how to make appropriate referrals based on the needs of the member;
- (5) training on crisis prevention and de-escalation, risk management and safety planning, and conflict resolution; and
- (6) training on overdose prevention and response.

(C) Child and Adolescent Needs and Strengths Assessment (CANS). Any clinician who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by EOHHS.

(D) ~~(B)~~ Staff Professional Standards. Any staff, of any discipline, operating in the center must comport with the standards and scope of practice delineated in their professional licensure and be in good standing with their board of professional licensure, as applicable. Each center must notify the MassHealth agency of any staff that are censured by the Department of Public Health or sanctioned by their board of licensure as set forth in 130 CMR 429.406.

(E) Staffing Plan. Centers must maintain a staffing plan that includes policies and procedures to ensure all staffing and supervision requirements pursuant to 130 CMR 429.423.

Psychologist

- (1) At least one staff psychologist must be licensed by the Massachusetts Board of Registration of Psychologists with a specialization listed in clinical or counseling psychology or a closely related specialty.
- (2) Additional psychological associates trained in the field of clinical or counseling psychology or a closely related specialty must
- (a) have a minimum of a master's degree or the equivalent graduate study in clinical or counseling psychology or a closely related specialty from an accredited educational institution;
 - (b) be currently enrolled in or have completed a doctoral program in clinical or counseling psychology or a closely related specialty; and
 - (c) have had two years of full-time supervised clinical experience subsequent to obtaining a master's degree in a multidisciplinary mental health setting. (One year of supervised clinical work in an organized graduate internship programensure all staffing and supervision requirements pursuant to 130 CMR 429.423.

429.424: Qualifications of Professional and Paraprofessional Staff Members Authorized to Render Billable Mental Health Center Services

A center may be substituted only bill for each year of experience.) All medically necessary services provided by such additional staff members must be under the direct and continuing supervision of a psychologist meeting a professional or paraprofessional staff member qualified as follows.

(A) Psychiatrists and Medical Professionals.

- (1) At least one staff psychiatrist must meet the requirements set forth in 130 CMR 429.424(B)(1).422.

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- (2) ~~(D)~~ Additional psychiatrists must be licensed physicians in their second year of a psychiatric residency program accredited by the Council on Medical Education of the American Medical Association.
- ~~(B) (3) Any psychologist who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by EOHHS.~~
- (3) Psychiatrists and prescribers must have the appropriate Drug Enforcement Administration (DEA) and Department of Public Health (DPH) registrations for the prescribing of controlled substances.

(B) Advance Practice Registered Nurses (APRNs).

- (1) All Psychiatric Nurses and Psychiatric Nurse Specialists must meet the requirements set forth in 130 CMR 429.422.
- ~~(2) (1) At least one psychiatric nurse must be currently registered by the Massachusetts Board of Registration in Nursing and must have a master's Psychiatric Clinical Nurse Specialists. All psychiatric clinical nurse specialists in the center who are engaged in prescriptive practice with FDA approved medications for the treatment of opioid use disorders must have completed specialized training and be qualified to prescribe buprenorphine as pharmacotherapy for substance use disorder under state and federal law.~~
- ~~(C) (2) Any additional psychiatrists must be, at the minimum, licensed physicians in their second year of a psychiatric residency program accredited by the Council on Medical Education of the American Medical Association. Such physicians must be under the direct supervision of a fully qualified psychiatrist.~~
- (3) Psychiatric Nurses.
- ~~(a) — At least one staff psychiatric nurse must have a Master's degree in nursing from an accredited National League of Nursing graduate school with two years of full-time supervised clinical experience in a multidisciplinary multi-disciplinary mental-health setting, and be eligible for certification as a clinical specialists in psychiatric/mental-health nursing by the American Nursing Association clinical specialist in /mental-health nursing by the American Nursing Association.~~
- ~~(2) Any other Any other Additional psychiatric nurses must be currently registered by the Massachusetts Board of Registration in Nursing and must have a bachelor's bachelor's degree from an educational institution accredited by the National League of Nursing and two years of full-time supervised skilled experience in a multidisciplinary mental-health setting subsequent to that degree, or a master's degree in psychiatric nursing.~~

(C) Social Worker.

- ~~(1) At least one staff social worker must have received a master's degree in social work from an accredited educational institution and must have had at least two years of full-time supervised clinical experience subsequent to obtaining a master's degree. This social worker must also be licensed or have applied for and have a license pending as an independent clinical social worker by the Massachusetts Board of Registration of Social Workers.~~
- ~~(2) Any additional social workers on the staff must provide services under the direct and continuous supervision of an independent clinical social worker. Such additional social workers must be licensed or applying for licensure as certified social workers by the Massachusetts Board of Registration of Social Workers and have received a master's degree in social work and completed two years of full-time supervised clinical work in an organized graduate internship program.~~

~~(3) Any social worker who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by EOHHS.~~

(C) Psychologist.

~~(1) Psychologists must be licensed, as described set forth in 130 CMR 429.424, must conduct a comprehensive evaluation of each member before initiating therapy. For members under 422.~~

~~(2) Unlicensed psychology trainees must meet the age of 21, a CANS must be following requirements:~~

~~(a) Post-Doctoral Fellows. Post-Doctoral Fellows must have a minimum of a doctoral degree in clinical or counseling psychology or a closely related specialty from an accredited educational institution and must meet the professional experience and Supervisory requirements set forth in 251 CMR 3.00.~~

~~(b) Psychology Interns. Psychology Interns must be enrolled in a structured, clinical, or counseling American Psychological Association (APA)-approved doctoral program.~~

(D) Social Worker.

~~(1) Social Workers may be independently licensed, as set forth in 130 CMR 429.422.~~

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(2) Social Workers without Independent Licensure must meet the following requirements.

(a) Licensed Clinical Social Workers (LCSW). LCSWs must have received a master's degree in social work and completed during the initial behavioral health assessment before the initiation of therapy and be updated at least every 90 days thereafter two years of full-time supervised clinical work in an organized graduate internship program.

(b) Post-Graduate, Unlicensed Social Workers. Unlicensed Social Workers must have received a master's degree in social work from a college or university accredited by a CANS-certified provider, as described the Council on Social Work education.

~~(b)~~(c) Social Work Interns. Social Work Interns must be a second-year, clinical-track student in a structured field practicum that is a component of a Masters of Social Work program, fully accredited by the Council on Social Work Education.

(E) Mental Health Counselors.

~~(2)~~(1) Mental Health Counselors may be licensed as set forth in 130 CMR 429.424.422.

(2) Additional Mental Health Counselors must meet the following requirements.

(a) Post-Master's Mental Health Counselors. Post-Master's Mental Health Counselors must have a master's degree, or above, in a mental health field from an accredited educational institution, and must have completed one year of supervised clinical work in an organized graduate internship program.

(b) Mental Health Counselor Interns. Interns must be in a second-year, clinical-track structured field placement that is a component of a master's degree in mental health counseling or counseling psychology that is accepted by the Board of Allied Mental Health and Human Services Professions.

~~(E) Psychiatric Clinical Nurse Specialist. A psychiatric clinical nurse specialist is a licensed registered nurse who is authorized by the Board of Registration in Nursing as practicing in an expanded role and who meets the requirements of 244 CMR 4.05 (4): Psychiatric Clinical Nurse Specialist. A psychiatric clinical nurse specialist can perform prescribing duties within their scope of practice.~~

(F) Alcohol and Drug Counselors.

(1) Licensed Alcohol and Drug Counselors (LADC). LADCs may be licensed as a LADC I, as set forth in 130 CMR 429.422.

(2) LADC II or LADC Assistants. LADC IIs or LADC Assistants must be licensed and must support LADC Is in the delivery of services, but may not provide direct services.

~~(F) Counselor.~~

~~(1) All unlicensed counselors included in the center must be under the direct and continuous supervision of a fully qualified professional staff member trained in one of the core disciplines described in 130 CMR 429.424(A) through (D).~~

~~(2) All counselors must hold a master's degree in counseling education, counseling psychology, or rehabilitation counseling from an accredited educational institution and must have had two years of full-time supervised clinical experience in a multidisciplinary mental health setting subsequent to obtaining the master's degree. (One year of supervised clinical work in an organized graduate internship program may be substituted for each year of full-time experience.)~~

~~(3) Any counselor who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by EOHHS.~~

(G) Marriage and Family Therapists.

(1) Marriage and Family Therapists may be licensed, as set forth in 130 CMR 429.422.

(2) Additional Marriage and Family Therapists must meet the following requirements.

(a) Post-Master's Marriage and Family Therapists must have a master's degree, or above, in a mental health field from an accredited educational institution, and must have completed one year of supervised clinical work in an organized graduate internship program.

(b) Marriage and Family Therapy Interns. Interns must be in a second-year, clinical-track structured field placement that is a component of a master's degree in marriage and family therapy or a related field that is accepted by the Board of Allied Mental Health and Human Services Professions.

(G) Occupational Therapist.

(1) Any occupational therapist must be currently registered by the American Occupational Therapy Association and must have

(a) a master's degree in occupational therapy from an accredited program in occupational therapy; or

(b) a bachelor's degree in occupational therapy from an accredited program in occupational therapy and a master's degree in a related field such as psychology, social work, or counseling.

(2) In addition, any occupational therapist must have at least two years of full-time supervised clinical experience subsequent to obtaining a master's degree. (One year of supervised clinical work in an organized graduate internship program may be substituted for each year of full-time experience.)

(H) Other Staff.

(1) Billing providers of Structured Outpatient Addiction Programs (SOAP), and Enhanced Structured Outpatient Addiction Programs (E-SOAP) services must comply with the requirements of 130 CMR 429.000 and all applicable sections of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

(2) Billing peer and paraprofessional providers of Certified Peer Specialist services, Peer Recovery Coach services, and Recovery Support Navigator services must comply with the requirements of 130 CMR 429.000. Further, centers must staff Peer Recovery Coaches and Recovery Support Navigators in conformance with the requirements of all applicable sections of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

(130 CMR 429.425 through 429.432 Reserved)

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429.431: ~~Operating Procedures~~

- ~~(A) A professional staff member authorized to render billable~~
- ~~(B) The center must accept a member for treatment, refer the member for treatment elsewhere, or both, if the intake evaluation substantiates a mental or emotional disorder.~~
- ~~(C) One professional staff member must assume primary responsibility for each member (the primary therapist).~~
- ~~(D) The center program must make provisions for responding to persons needing services on a walk-in basis.~~
- ~~(E) The center must take appropriate steps to facilitate uninterrupted and coordinated member care whenever it refers a member elsewhere for treatment not available at the center or for subsequent treatment.~~
- ~~(F) Before referring a member elsewhere, the center must, with the member's consent, send a summary of or the actual record of the member to that referral provider before initiating therapy.~~

429.432: ~~Treatment Planning and Case Review~~

~~A multidisciplinary team composed of mental health professionals, in accordance with the Department of Public Health (DPH) regulations at 105 CMR 140.530, must conduct treatment planning, assessments, and case review for each member as follows.~~

- ~~(A) The multidisciplinary team must conduct case review according to the DPH regulations at 105 CMR 140.540; must prepare a treatment plan that complies with DPH regulations at 105 CMR 140.520(C); and must establish criteria for determining when termination of treatment is appropriate.~~
- ~~(B) For members under the age of 21, the multidisciplinary team must ensure that the CANS has been completed at the initial behavioral health assessment and is updated at least every 90 days thereafter.~~
- ~~(C) The multidisciplinary team must review each case at termination of treatment and prepare a termination summary that describes the course of treatment and the aftercare program or resources in which the member is expected to participate.~~

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429.433: ~~Coordination of Medical Care~~

~~Coordination of Medical Care~~—A mental health center must coordinate ~~psychiatric~~psychotherapeutic~~behavioral health~~disorder treatment with medical care for MassHealth members. If a member has not received a physical exam within six months of the date of intake, the mental health center must advise the member that one is needed. If the member does not have an existing relationship with a physician, the mental health center must assist the member in contacting the MassHealth agency's customer service toll-free line to receive help in selecting a physician. If the member ~~does not want~~declines a physical examination, the member's record must document the member's preference and any stated reason for that preference.

429.434: ~~Schedule of Operations~~

(A) ~~(A) There~~The center must ~~be~~operate at least one ~~location where a freestanding mental health center operates a program location~~location that is open and operated at least 40 hours a week.

(B) ~~(B)~~—A mental health center operated by a ~~clinic~~licensed community health center must be open at least 20 hours a week.

(C) ~~(C)~~—When the center is closed, ~~telephone~~after-hours coverage must be provided ~~by to~~triage needs and personnel ~~offerings shall be available to offer~~referral to operating~~qualified professionals~~emergency facilities, on-call clinicians services, or other mechanisms for effectively responding to a crisis, in accordance with the requirements set forth at 130 CMR 429.421~~(B)~~(13A)(5).

(D) Each center designated as a Behavioral Health Urgent Care provider pursuant to 130 CMR 429.405(D) must offer extended availability on Mondays through Fridays outside the hours of 9 a.m.-5 p.m. At minimum, such centers must offer at least eight hours of extended availability per week during weekdays and at least two four-hour blocks of availability on weekends per month.

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429.435: Utilization Review Plan

The mental health center must have a utilization review plan that meets the following conditions.

(A) ~~(A)~~—A utilization review committee must be ~~formed~~, composed of the clinical director ~~(or his or her~~the clinical director's designee) and two other professional staff members who meet all the qualifications for their discipline, as outlined in 130 CMR 429.424. The composition of the utilization review committee must be reported to MassHealth as set forth in 130 CMR 429.406.

(B) ~~(B)~~—The utilization review committee must review each ~~of the center's cases~~member's case in accordance with the Department of Public Health regulations found at 105 CMR 140.540 and following the member's ~~termination~~discharge from services at the center.

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(C) The utilization review committee must verify for each case that:

- (1) the diagnosis is, or has been, adequately documented;
- (2) the treatment plan is is, or was, appropriate and specifies the methods and duration of the projected treatment program;
- (3) the treatment plan is being, or has been, carried out;
- (4) the treatment plan is being, or has been, modified as indicated by the member's changing status;
- (5) ~~(5)~~ there is is, or was, adequate follow-up when a member misses appointments or drops out of treatment;
- (6) ~~(6)~~ there is is, or was, progress toward achievement of short- and long-term goals; and
- ~~(7)~~ (7) for members under the age of 21, the CANS has been completed at the initial behavioral health assessment and updated at least every 90 days thereafter.

(D) ~~(D)~~ No staff member can participate in the utilization review ~~committee's~~ committee's deliberations about any member ~~he or she~~ the staff member is treating, or has treated, directly.

(E) ~~(E)~~ The ~~mental health center~~ utilization review committee must maintain minutes that are sufficiently detailed to show the decisions of each review, and the basis on which any decisions are made ~~so that the~~ The MassHealth agency may conduct such audits of these minutes as it deems necessary.

(F) ~~(F)~~ Based on the utilization review, the ~~director of clinical services~~ director, or ~~his or her~~ the clinical director's designee, must determine whether continuation, modification, or termination of treatment is necessary and promptly communicate this decision to the primary therapist.

429.436:— Recordkeeping Requirements

~~(A) A mental health center must maintain on its premises either the original record or a microfilm of the original record for each member for a period of at least four years following the date of service. When a member is transferred from a mental health center that is a component of a community health center to an independent agency affiliated with the community health center, the mental health center itself must retain a copy of the member's record if it forwards the record to the affiliated agency.~~

(A) ~~(B)~~ The ~~Each~~ center must obtain written authorization from each member or his or her legal guardian to release information obtained by the center, to center staff, federal and state regulatory agencies, and, when applicable, referral providers, to the extent necessary to carry out the purposes of the center ~~program~~ and to meet regulatory requirements. All such information must be released on a confidential basis and in accordance with all applicable requirements.

~~(B)~~ (C) ~~Each member's~~ Member Records.

(1) A center must maintain member records in accordance with 130 CMR 450.000: Administrative and Billing Regulations and 105 CMR 140.000: Licensure of Clinics, in addition to applicable recordkeeping requirements for clinics under M.G.L. c. 111 § 70. When a member is referred to any other provider, each center must maintain the original member record and forward a copy to the other provider.

(2) Member records must be complete, accurate, and properly organized.

~~(4)~~ (3) The member's record must include at least the following information:

- ~~(a)~~ (a) the member's name and case number, MassHealth identification number, address, telephone number, ~~sex,~~ age ~~gender identity,~~ date of birth, marital status, next of kin,

school or employment status (or both), and date of initial contact;

~~(b) (2) the place of service;~~

~~(2c)~~ a report of a physical examination performed within six months of the date of intake, including documentation the physical examination informed the treatment plan, or documentation that the member did not want to be examined and any stated reason for that preference;

~~(d) (3)~~ the name and address of the member's primary care physician or, if not available, ~~-another~~ physician who has treated the member;

~~(e) (4)~~ the member's description of the problem, and any additional information from other sources, including the referral source, if any;

~~(f) (5)~~ the events precipitating the member's contact with the center;

~~(g) (6)~~ the relevant medical, psychosocial, educational, and vocational history;

~~(b) (h) (7)~~ a comprehensive ~~functional~~ assessment of the member initiated at intake ~~and semi-annually thereafter~~;

~~(i) (8)~~ the clinical impression of the member and a diagnostic formulation, including a specific diagnosis using standard nomenclature;

~~(j) (9)~~ a ~~listing of realistic short- and long-range~~ goals that are measurable, realistic and obtainable, and a time-frame for their achievement;

~~(k) (10)~~ a ~~listing of short term objectives, which must be established in such a way as to lead toward accomplishment of the long range goals~~; ~~(11)~~ the proposed schedule of therapeutic activities, both in and out of the center, necessary to achieve such goals and objectives and the responsibilities of each individual member of the interdisciplinary team;

~~(l) (12)~~ a schedule of dates for utilization review to determine the member's progress in accomplishing goals and objectives;

~~(m) (13)~~ the name, qualifications, and discipline of the therapist primarily responsible for the member;

~~(n) (14)~~ a written record of quarterly reviews by the primary therapist, which relate to the short- and long-range goals;

~~(o) (15)~~ progress notes, including those related to the defined treatment plan goals on each visit written and signed by the primary therapist that include the therapist's discipline and degree, ~~as well as notes by other professional staff members significantly involved in the treatment plan~~;

~~(p) (16)~~ a treatment plan for the member signed by the primary therapist, or the supervisor of the primary therapist, pursuant to 130 CMR 429.421(C);

~~(q)~~ all information and correspondence regarding the member, including appropriately signed and dated consent forms;

~~(r) (17)~~ a ~~medication drug-use~~ profile; ~~(both prescribed and other)~~;

~~(s) (18)~~ when the member is discharged, a discharge summary, including a ~~recapitulation~~ brief summary of the ~~member's~~ member's condition and response to treatment, achievement of treatment and recovery goals, and recommendations for any future appropriate services ~~concerning follow-up as well as a brief summary of the member's condition and functional performance on discharge~~; and

~~(t) (19)~~ for members under the age of 21, a CANS completed during the initial behavioral-health assessment and updated at least every 90 days thereafter.

~~(4) (D)~~ A brief history is acceptable for emergency or walk-in visits when the treatment plan does not call for extended care.

~~(B) (C)~~ Program Records. The mental health center must retain documentation reflecting compliance with the requirements of 130 CMR 429.000.

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(D) Availability of Records. All records shall be made available to the MassHealth agency, upon request.

429.437:— Written Policies and Procedures

~~A~~Each mental health center must have and observe written policies and procedures that include:

- (A) a statement of its philosophy and objectives and of the geographical area served;
- (B) ~~criteria for client admission~~ an intake policy;
- (C) ~~a statement of the geographical area served~~ admission procedures, including criteria for client admission and procedures for multidisciplinary review of each individual referral;
- (D) ~~an intake policy~~ treatment procedures, including, but not limited to, development of the treatment plan, case assignment, case review, discharge planning, and follow-up on ~~clients~~members ~~who leave the program without notice~~ center voluntarily or involuntarily;
- (E) ~~treatment procedures, including, but not limited to, development of the treatment plan, case assignment, case review, discharge planning, and follow-up on clients who leave the program without notice~~ a medication policy that includes prescription, administration, and monitoring data;
- (F) ~~a medication policy that includes prescription, administration, and monitoring data; a referral policy, including procedures for ensuring uninterrupted and coordinated~~ ~~client~~member care upon transfer;
- (G) ~~a referral policy, including procedures for ensuring uninterrupted and coordinated member care upon transfer~~ procedures for walk-in ~~clients~~members, and clinical emergencies during operating and nonoperating hours;
- (H) ~~procedures for walk-in clients, and clinical emergencies during operating and nonoperating hours~~ record-keeping policies, including what information must be included in each record, and procedures to ensure confidentiality;
- (I) ~~A records policy, including what information must be included in each record, and procedures to ensure confidentiality~~ personnel and management policies, including policies for hiring, training, evaluation, supervision and termination protocol for all staff;
- (J) ~~supervisory mechanisms for staff; a utilization review plan; and~~

a utilization review plan; and
- (~~K~~L) ~~explicit fee policies with respect to billing third-party payers and clients, cancellation procedures, and fee reductions.~~

429.438:— Administration

~~The mental health center must be organized to facilitate effective decision-making by appropriate personnel on administrative, programmatic, and clinical issues.~~

(A) ~~(A)~~ Organization. ~~The~~Each center must establish an organization ~~table~~chart showing major operating service programs of the ~~facility~~center, with staff divisions, administrative personnel in charge of each service program, and their lines of authority, responsibility, and communication.

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(B) ~~(B)~~ Fiscal Management. ~~The~~Each center must establish a system of business management to ensure accurate accounting for sources and uses of funds, and proper expenditure of funds within established budgetary constraints and grant restrictions.

(C) ~~(C)~~ Data Management. ~~The~~Each center must develop and maintain a statistical information system to collect ~~client~~member, service utilization, and fiscal data necessary for the effective operation of the center.

(D) ~~(D)~~ Personnel Management. ~~The~~Each center must establish and maintain personnel policies and personnel records for each employee.

(E) ~~(E)~~ Staff Development and Supervision.

(1) ~~(1)~~ Each staff member must receive supervision appropriate to the person's skills and level of professional development. Supervision must be documented and must occur within the context of a formalized relationship providing for ~~frequent and regularly scheduled personal contact~~direct and continuous supervision with the supervisor. Frequency and extent of supervision must conform to the licensing standards of each discipline's Board of Registration, as cited in 130 CMR 429.424.

Documentation of supervision must be maintained by both the supervisor and the supervisee.

(2) ~~(2)~~ ~~The~~Each center must establish and implement procedures for staff training and evaluation. These procedures must require all staff who must be certified to administer the CANS, as described in 130 CMR 429.~~424~~423, to complete the certification process established by the ~~Executive Office of Health and Human Services (EOHHS).~~

429.439: Satellite Clinics

All clinic locations must meet, independently of its parent clinic, all requirements set forth in 130 CMR 429.000

429.439: Satellite Programs

~~Services provided by a satellite program are reimbursable only if the program meets the standards described below.~~

~~(A) A satellite program above must be integrated with the parent center in the following ways made available to the MassHealth agency upon request.~~

~~(1) The administrator of the parent center is responsible for ensuring compliance of the satellite program with the regulations in 130 CMR 429.000.~~

~~(2) There must be clear lines of supervision and communication between personnel of the parent center and its satellite programs. The parent center must maintain close liaison with its satellite programs through conferences or other methods of communication.~~

~~(3) The satellite program must be subject to all the written policies and procedures of the parent center governing the types of services that the satellite program offers.~~

~~(4) The satellite program must maintain on its own premises its client records as set forth in 130 CMR 429.436.~~

~~(B) An autonomous satellite program must provide supervision and in-service training to all noncore staff employed at the satellite program.~~

~~(C) The director of clinical services of the parent center must designate one professional staff member at the satellite program as the satellite's clinical director. The clinical director must be employed on a full-time basis and meet all of the requirements in 130 CMR 429.423(B).~~

~~(1) The supervisor of the satellite program must report regularly to the clinical director of~~

| the parent center to ensure ongoing communication and coordination of services.

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~~(2) In an autonomous satellite program, the supervisor must meet the qualifications required of a core staff member in his or her discipline, as set forth in 130 CMR 429.424.~~

~~(3) In a dependent satellite program, the supervisor must meet the basic qualifications required for his or her discipline, as set forth in 130 CMR 429.424, and receive regular supervision and consultation from qualified core staff at the parent center.~~

~~(D) If a dependent satellite program does not offer the entire range of services available at the parent center, the dependent satellite program must refer clients to the parent center or a facility that offers such services. The parent center must determine the necessity for treatment and the appropriateness of the treatment plan for such clients and institute a clear mechanism through which this responsibility is discharged, by consultation with the satellite program team, regular supervision of the satellite program by supervisory level professional core staff in the parent center, or by other appropriate means. For staff composition requirements pertaining to dependent satellite programs, see 130 CMR 429.422(D).~~

429.440: ~~Outreach Programs~~

~~An outreach program operated by a mental health center is eligible for payment if it meets the standards described in 130 CMR 429.440(A) through (G).~~

~~(A) Outreach program staff members must receive supervision and in-service training in accordance with the requirements specified in 130 CMR 429.438(E). Services rendered in community-based settings, including home visits, by clinicians who are employed by the mental health center may be billed by the clinic when provided in accordance with the requirements of 130 CMR 429.000. All services provided in community-based settings must be provided in accordance with all provisions of 130 CMR 429.000.~~

~~(B) The director of clinical services must meet at least on a monthly basis with outreach program staff members and have direct contact with outreach program clients as necessary to provide medical diagnosis, evaluation, and treatment in accordance with the requirements outlined in 130 CMR 429.423(B). All mental health center services must be billed with a Place of Service (POS) code denoting the location in which the treatment was delivered.~~

~~(C) Outreach programs must maintain the records of their clients on the premises of the parent center.~~

~~(D) Outreach programs must be subject to all written policies and procedures of the parent center governing the kinds of services that the outreach program offers.~~

~~(E) Outreach programs must meet the requirements of 130 CMR 429.439(D) applicable to dependent satellite programs.~~

~~(F) Outreach program services must conform to the definition in 130 CMR 429.402.~~

~~(G) Services provided at outreach programs are subject to the requirements in 130 CMR 429.431, 429.432, and 429.435.~~

429.441: ~~Service Limitations~~

~~(A) Diagnostic and Treatment Services. The MassHealth agency pays for diagnostic and treatment services only when a professional staff member, as defined by 130 CMR 429.424,~~

personally provides these services to the member or the member's family, or personally consults with a professional outside of the center. The services must be provided to the member on an individual basis, and are not reimbursable if they are an aspect of service delivery, as defined in 130 CMR 429.408(~~E~~B).

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(B) Multiple Sessions/Visits on a Same Date of Service. The MassHealth agency pays for only one ~~session/visit~~ of a single type of service (except for diagnostics) provided to an individual member on one date of service. Return visits on the same date of service are not reimbursable except for the provision of ~~Psychotherapy for Crisis~~ Intervention.

(C) Multiple Therapies. ~~(C) The MassHealth agency pays for more than one mode of therapy used for a member during one week when it is clinically justified, and when any single approach has been shown to be necessary but insufficient. The need for multiple therapies must be documented in the member's record.~~

(D) Case Consultation.

(1) The MassHealth agency pays only for a case consultation that involves a personal meeting with a professional of another agency. Personal meetings may be conducted via audio-only telephonic, audio-video, or in person meetings.

(2) The MassHealth agency pays for case consultation only when ~~telephone contact,~~ written communication, and other ~~nonreimbursable~~ non-reimbursable forms of communication clearly will not suffice. Such circumstances must be documented in the member's record. Such circumstances are limited to situations in which both the center and the other party are actively involved in treatment or management programs with the member (or family members) and where a lack of ~~face-to-face~~ direct communication would impede a coordinated treatment program.

(3) The MassHealth agency does not pay a center for court testimony.

(E) Family Consultation. The MassHealth agency pays for consultation with ~~the natural family or foster parent or legal guardian of a member less than 21 years of age who lives with the child and is~~ other responsible ~~for the child's care, and persons~~ who is not an eligible member, when such consultation is integral to the treatment of the member.

(F) Group Therapy.

(1) Payment is limited to one fee per group member with a maximum of 12 members per group regardless of the number of staff members present.

(2) The MassHealth agency does not pay for group therapy when it is performed as an integral part of a psychiatric day treatment ~~program services.~~

(3) The MassHealth agency does not pay for group therapy when it is performed as an integral part of intensive outpatient program services.

(G) Psychological Testing. The MassHealth agency pays a center for psychological testing only when the following conditions are met.

(1) A psychologist who meets the qualifications listed in 130 CMR 429.424(~~BD~~) either personally administers the testing or personally supervises such testing during its administration by an unlicensed psychologist trainee.

(2) A ~~battery of~~ psychologist must determine the specific tests is performed. These to administer. All (a)-tests must meet the following standards: be published, valid, and in general use, as ~~evidenced~~ defined by ~~their review in~~ listing the current edition of the *Mental Measurement Yearbook* or by ~~their~~ conformity to the *Standards for Educational and Psychological Tests* of the American Psychological Association;

~~(b) unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges, a personality evaluation contains the findings of at least two of the following test types or their age-appropriate equivalents: Rorschach, TAT (Thematic Apperception Test), TED (Tasks of Emotional Development), or MMPI (Minnesota Multiphasic Personality Inventory), and one or more of the following test~~

types: figure drawing, Bender-Gestalt, or word association;
(c) unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges, intelligence testing includes either a full Wechsler or Stanford-Binet instrument; and
(d) unless clinically contraindicated due to hearing, physical, or visual impairment or

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~~linguistic challenges, assessment of brain damage must contain at least the findings of a Wechsler Intelligence Scale and tests of recent memory, visual space perception, and other functions commonly associated with brain damage.~~

(3) Except as explained below, the MassHealth agency does not pay for psychological testing that only includes:

(a) periodic testing to measure the member's response to psychotherapy;

~~(a)(b)~~ self-rating forms and other paper-and-pencil instruments, unless administered as part of a comprehensive battery of tests;

~~(b)(c)~~ group forms of intelligence tests; or

~~(c)(d)~~ a repetition of any psychological test or tests provided by the mental health center or any independent psychologist to the same member within the preceding six months, unless accompanied by documentation demonstrating that the purpose of the repeated testing is to ascertain the following types of changes (submission of such documentation with the claim for payment is sufficient when the psychological test or tests are to be performed on the same member a second time within a six-month period); the following conditions exist and are documented in the billing provider's medical record:

~~(i) following such special forms of treatment or intervention as electroshock therapy or psychiatric hospitalization (periodic psychological testing to measure the member's response to psychotherapy is not reimbursable); or~~

1. psychological testing is providing to ascertain changes relating to suicidal, homicidal, toxic, traumatic, or neurological conditions; of the member; or

2. (4) Testing of a member requested by psychological testing is provided to ascertain changes following such special forms of treatment or interventions as electroconvulsive therapy (ECT) or psychiatric hospitalization.

(4) A responsible party requests the testing of a member. Responsible parties, such as include, but are not limited to: physicians, clinics, hospitals, schools, courts, group homes, or state agencies, must be documented in the member's record. Such documentation must include the referral source and the reason for the referral.

~~(G) Home Visits.~~

~~(1)~~

~~(H) Crisis Intervention. The MassHealth agency pays for intermittent home visits.~~

~~(2) Home visits are reimbursable on the same basis as comparable services provided at the center. Travel time to and from the member's home is not a reimbursable service.~~

~~(3) A report of the home visit must be entered into the member's record.~~

~~(H) Multiple Therapies. The MassHealth agency pays for more than one mode of therapy used for a member during one week only if clinically justified; that is, when any single approach has been shown to be necessary but insufficient. The need for additional modes of treatment must be documented in the member's record.~~

~~(I) (H) Psychotherapy for Crisis Services~~ Crisis Intervention. The MassHealth agency pays for psychotherapy for crisis intervention as defined in 130 CMR 429.402.

(1) This service is limited to face-to-face contacts, which includes Telehealth, with the member; psychotherapy.

The need for crisis service via telephone contact is not a reimbursable service.

~~(1)(2)~~ The need for psychotherapy for crisis services intervention must be fully documented in the member's record for each date of ~~psychotherapy for crisis~~ intervention services.

~~(2)(3)~~ This service is limited to one initial unit of service and up to three add-on units of

service per date of service.

(I) Outreach Services Provided in Nursing Facilities.

(1) The MassHealth agency pays a center for diagnostic and treatment services provided to a member residing in a nursing facility under the following circumstances and conditions:

- (a) the nursing facility specifically requests treatment, and the member's record at the nursing facility documents this request;
- (b) the treatment provided does not duplicate services that should be provided in the nursing facility; and

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(c) such services are generally available through the center to members not residing in that nursing facility.

(2) The following conditions must be met:

(a) the member's record at the ~~parent~~ center must contain all of the information listed in 130 CMR 429.436;

(b) the member's record at the nursing facility must contain information pertaining to diagnostic and treatment services including, but not limited to, medication, treatment plan, progress notes on services, case review, and utilization review; and

(c) the member must function at a sufficient level to benefit from treatment as established by a clinical evaluation and by accepted standards of practice.

~~429.442: Child and Adolescent Needs and Strengths (CANS) Data Reporting~~

~~For each Child and Adolescent Needs and Strengths (CANS) conducted, the mental health center must report data collected during the assessment to the MassHealth agency, in the manner and format specified by the MassHealth agency.~~

REGULATORY AUTHORITY

130 CMR 429.000: M.G.L. c. 118E, ss. 7 and 12.

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